

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:05

DOCUMENT # **N46539** (5)  
1. Corporation Name  
**NORTH SHORE TOWNHOMES HOMEOWNERS ASSOCIATION, IN C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**- 4701 OLD HWY 98  
SUITE C-102B  
DESTIN FL 32541  
US** **P.O. BOX 6417  
DESTIN FL 32541  
US**

3. Date Incorporated or Qualified **12/19/1991** 3a. Date of Last Report **03/08/1994**  
4. FEI Number **59-3103106** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1096 Old Highway 98** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
23 Zip 28 Country 29  
24 Zip 25 Country 29

9. Name and Address of Current Registered Agent  
**PUCKETT, JOHN E  
-4701-OLD-HWY 98,  
STE C-102B  
DESTIN FL 32541**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**1096 Old Highway 98**  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/19/95**  
Signature, typed or printed name and registered agent's title (Corporate) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>HUDSON, RITA</b>
STREET ADDRESS	<b>4020 KNOLLWOOD DR</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>
TITLE	<b>D</b>
NAME	<b>ANTHONY, JACK</b>
STREET ADDRESS	<b>110 LAKE HILLS RD</b>
CITY-ST-ZIP	<b>TULLAHOMA TN</b>
TITLE	<b>STD</b>
NAME	<b>AYCOCK, CARL</b>
STREET ADDRESS	<b>123 S. RAILROAD AVE</b>
CITY-ST-ZIP	<b>BROOKHAVEN MS</b>
TITLE	<b>D</b>
NAME	<b>MCCAFFERTY, MICHAEL</b>
STREET ADDRESS	<b>1475 SYLVED LANE</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>1100 Lake Hills Road</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Judith Williams</b>	
5.3 STREET ADDRESS	<b>2344 Ridge Trail</b>	
5.4 CITY-ST-ZIP	<b>Birmingham, AL 35242</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **1/24/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR